Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page
(Government Code Sections 84200-84216.5)

SEE INSTRUCTIONS ON REVERSE

CALIFORNIA FORM 460

Date Stamp

FILED
JAN 13 2012
CITY OF SANTA MARIA
BY: _____
City Clerk

Page __1__ of __7__

For Official Use Only

Statement covers period

from _____07/01/2011_____

through _____12/31/2011_____

Date of election if applicable:
(Month, Day, Year)

_____

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

- ☑ Officeholder, Candidate Controlled Committee
  - ○ State Candidate Election Committee
  - ○ Recall
    (Also Complete Part 5)

- ☐ General Purpose Committee
  - ○ Sponsored
  - ○ Small Contributor Committee
  - ○ Political Party/Central Committee

- ☐ Primarily Formed Ballot Measure Committee
  - ○ Controlled
  - ○ Sponsored
    (Also Complete Part 6)

- ☐ Primarily Formed Candidate/ Officeholder Committee
    (Also Complete Part 7)

2. Type of Statement:

- ☐ Preelection Statement
- ☑ Semi-annual Statement
- ☑ Termination Statement
  (Also file a Form 410 Termination)
- ☐ Amendment (Explain below)

- ☐ Quarterly Statement
- ☐ Special Odd-Year Report
- ☐ Supplemental Preelection Statement - Attach Form 495

_____

_____

3. Committee Information

I.D. NUMBER
1307582

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Friends of Mike Cordero

STREET ADDRESS (NO P.O. BOX)

1324 Ruby Ct.

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93454	805-310-1334

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Trent Benedett

MAILING ADDRESS

2151 S. College Dr. Ste. 101

CITY	STATE	ZIP CODE	AREA CODE/PHONE
Santa Maria	CA	93455	805-922-4881

NAME OF ASSISTANT TREASURER, IF ANY

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on ___1-13-2012___ By _____
Date   Signature of Treasurer or Assistant Treasurer

Executed on ___1-13-12___ By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

Executed on _____ By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Executed on _____ By _____
Date   Signature of Controlling Officeholder, Candidate, State Measure Proponent

Type or print in ink.

Recipient Committee
Campaign Statement
Cover Page — Part 2

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

Mike Cordero

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

City Council Member   City of Santa Maria

RESIDENTIAL/BUSINESS ADDRESS   (NO. AND STREET)   CITY   STATE   ZIP

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER   CONTROLLED COMMITTEE?
                                          ☐ YES   ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

COMMITTEE NAME

I.D. NUMBER

NAME OF TREASURER   CONTROLLED COMMITTEE?
                                          ☐ YES   ☐ NO

COMMITTEE ADDRESS   STREET ADDRESS (NO P.O. BOX)

CITY   STATE   ZIP CODE   AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER   JURISDICTION   ☐ SUPPORT
                                                    ☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD   DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee *List names of officeholder(s) or candidate(s) for which this committee is primarily formed.*

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	
		☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	☐ SUPPORT ☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement
Summary Page

Type or print in ink.
Amounts may be rounded to whole dollars.

CALIFORNIA FORM 460

Page __3__ of __7__

I.D. NUMBER
1307582

Statement covers period

from __07/01/2011__

through __12/31/2011__

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends if Mike Cordero

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	$ 26700.00	$ 0.00
2. Loans Received	Schedule B, Line 3	-26700.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	$ 0.00	$ 0.00
4. Nonmonetary Contributions	Schedule C, Line 3	0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	$ 0.00	$ 0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	$ 165.05	$ 0.00
7. Loans Made	Schedule H, Line 3	0.00	0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	$ 165.05	$ 0.00
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	0.00	0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	0.00	0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	$ 165.05	$ 0.00

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	$ 165.05
13. Cash Receipts	Column A, Line 3 above	0.00
14. Miscellaneous Increases to Cash	Schedule I, Line 4	0.00
15. Cash Payments	Column A, Line 8 above	165.05
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	$ 0.00

If this is a termination statement, Line 16 must be zero.

17. LOAN GUARANTEES RECEIVED	Schedule B, Part 2	$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	$ 0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	$ 0.00

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contributions Received	$	$
21. Expenditures Made	$	$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made*
(If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
__/__/__	$
__/__/__	$

*Amounts in this section may be different from amounts reported in Column B.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule A:
Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

CALIFORNIA FORM **460**

Page __4__ of __7__

I.D. NUMBER
1307582

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends if Mike Cordero

Statement covers period

from _____ 07/01/2011

through _____ 12/31/2011

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
08/27/2011	Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Santa Maria Police Department	21171.18	26200.00	
04/12/2010	Linda Cordero 1324 Ruby Ct. Santa Maria, CA 93454	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Music Teacher Catherine Kolnaski Magnet	500.00	500.00	
08/04/2008	Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Santa Maria Police Department	1200.00	26200.00	
09/02/2008	Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454	☑IND ☐COM ☐OTH ☐PTY ☐SCC	Retired Santa Maria Police Department	3828.82	26200.00	
		☐IND ☐COM ☐OTH ☐PTY ☐SCC				

SUBTOTAL $ 26700.00

Schedule A Summary

1. Amount received this period – itemized monetary contributions. (Include all Schedule A subtotals.) .... $ 26700.00

2. Amount received this period – unitemized monetary contributions of less than $100 .... $ 0.00

3. Total monetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.) .... TOTAL $ 26700.00

Schedule B – Part 1
Loans Received

CALIFORNIA FORM 460

Type or print in ink.
Amounts may be rounded to whole dollars.

Page **5** of **7**

Statement covers period
from ___ 07/01/2011
through ___ 12/31/2011

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
Friends if Mike Cordero

I.D. NUMBER
1307582

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454 ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Santa Maria Police Department	$ 21171.18	$ 0.00	☐ PAID $ ☑ FORGIVEN $ 21171.1	$ 0.00 DATE DUE ___	0.00 % RATE $	$ 3128.89 06/27/08 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ 26200.00
Linda Cordero 1324 Ruby Ct. Santa Maria, CA 93454 ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Music Teacher Catherine Kolnaski Magnet	$ 500.00	$ 0.00	☐ PAID $ ☑ FORGIVEN $ 500.00	$ 0.00 DATE DUE ___	0.00 % RATE $	$ 500.00 04/12/10 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ 500.00
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454 ☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Santa Maria Police Department	$ 1200.00	$ 0.00	☐ PAID $ ☑ FORGIVEN $ 1200.00	$ 0.00 DATE DUE ___	0.00 % RATE $	$ 1200.00 08/04/08 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION ** $ 26200.00

SUBTOTALS $ 22871.18 $ _____ $ _____ (Enter (e) on Schedule E, Line 3)

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

Schedule B Summary

1. Loans received this period .... $ 0.00
(Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ 26700.00
(Total Column (c) plus loans under $100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. **(Subtract** Line 2 from Line 1.) .... NET $ -26700.00
Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE B - PART 1

Schedule B – Part 1
Loans Received

CALIFORNIA FORM 460

SEE INSTRUCTIONS ON REVERSE

Statement covers period	
from	07/01/2011
through	12/31/2011

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NAME OF FILER

Friends of Mike Cordero

I.D. NUMBER

1307852

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD *	(d) OUTSTANDING BALANCE CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
Mike Cordero 1324 Ruby Ct. Santa Maria, CA 93454 †☑ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC	Retired Santa Maria Police Department	$ 3828.82	$ 0.00	☐ PAID $ ☑ FORGIVEN $ 3828.82	$ 0.00 DATE DUE 0.00 DATE DUE	$ 0.00 % RATE $	$ 3828.82 09/02/08 DATE INCURRED	CALENDAR YEAR $ 0.00 PER ELECTION** $ 26200.00
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	$ % RATE	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $
†☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		$	$	☐ PAID $ ☐ FORGIVEN $	$ DATE DUE	$ % RATE	$ DATE INCURRED	CALENDAR YEAR $ PER ELECTION** $

SUBTOTALS $	3828.82 $	0.00 $	3828.82 $	0.00 $	0.00

(Enter (e) on Schedule E, Line 3)

Schedule B Summary

1. Loans received this period .... $ 0.00
   (Total Column (b) plus unitemized loans of less than $100.)

2. Loans paid or forgiven this period .... $ 26700.00
   (Total Column (c) plus loans under $100 paid or forgiven.)
   (Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (**Subtract** Line 2 from Line 1.) .... NET $ -26700.00
   Enter the net here and on the Summary Page, Column A, Line 2. (May be a negative number)

*Amounts forgiven or paid by another party also must be reported on Schedule A.
** If required.

†Contributor Codes
IND – Individual
COM – Recipient Committee (other than PTY or SCC)
OTH – Other (e.g., business entity)
PTY – Political Party
SCC – Small Contributor Committee

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule E
(Continuation Sheet)
Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

CALIFORNIA FORM 460

Statement covers period

from ___ 07/01/2011 ___

through ___ 12/31/2011 ___

Page ___ 7 ___ of ___ 7 ___

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Friends of Mike Cordero

I.D. NUMBER
1307582

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications
CNS	campaign consultants	MTG	meetings and appearances
CTB	contribution (explain nonmonetary)*	OFC	office expenses
CVC	civic donations	PET	petition circulating
FIL	candidate filing/ballot fees	PHO	phone banks
FND	fundraising events	POL	polling and survey research
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services
LEG	legal defense	PRO	professional services (legal, accounting)
LIT	campaign literature and mailings	PRT	print ads

RAD	radio airtime and production costs
RFD	returned contributions
SAL	campaign workers' salaries
TEL	t.v. or cable airtime and production costs
TRC	candidate travel, lodging, and meals
TRS	staff/spouse travel, lodging, and meals
TSF	transfer between committees of the same candidate/sponsor
VOT	voter registration
WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Friends of Mike Cordero ID # 1307582 1324 Ruby Ct. Santa Maria, CA 93454			Misappropriated by the former treasurer	165.05
				0.00
				0.00
				0.00
				0.00

SUBTOTAL $ 165.05

*Payments that are contributions or independent expenditures must also be summarized on Schedule D.

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)